

Tailoring a Program to Your Community Through Needs Assessment

Introduction

More communities are getting involved in teen pregnancy prevention all the time. It is easy to find inspiring programs from around the country to replicate locally. The more challenging task is learning which approach will be best for your community.

Developing an appropriate prevention program requires a critical first step—understanding teen pregnancy in your community. The process of learning about a health or social problem, like teen pregnancy, and identifying ways to intervene is called a “needs assessment.” A well-done needs assessment can offer more than the basis for creating a new initiative; it can also provide a credible analysis of current public policy and increase public awareness of the problem of teen pregnancy.

The steps described in this chapter will help you understand your community’s teen pregnancy problem. Following them will increase the likelihood that you will put a program in place that actually reduces teen pregnancy.

More specifically, this chapter provides an overview of a small-scale needs assessment process,

where the primary goal is to develop a teen pregnancy prevention program. Large-scale assessments (encompassing, for instance, an entire state) are given less attention.

If you are a state agency or a state or local coalition just getting under way, this chapter should be a helpful start. Consult the resource list at the end of the chapter for guidance on conducting a larger needs assessment.

A needs assessment will help your community answer these questions:

How common is teen pregnancy in the community?
Which teens are most at risk?

Before jumping into a prevention program, it is important to know how big a problem teen pregnancy is in your community, and which teens are most likely to be affected. Not everyone in your community may feel that

NEEDS ASSESSMENT IS...
the process of learning about a health or social problem and identifying ways to intervene

A NEEDS ASSESSMENT WILL ANSWER THESE QUESTIONS

- **How common is teen pregnancy in the community?**
- **Which teens are most at risk?**
- **What programs and services are currently available to address teen pregnancy?**
- **What are the values, beliefs, and attitudes of the community about teen pregnancy?**

teen pregnancy is a problem. They may hold different opinions about which teens are most at risk, why they are getting pregnant, and how to intervene. Collecting data will help you answer these questions and reach a consensus about both the nature and extent of the problem of teen pregnancy.

What programs and services are currently available to address teen pregnancy?

It is easy to assume that creating a *new* program or *new* services is the only effective strategy. Often a new intervention is indeed the best or only approach, but this is not always the case. Look at what is currently in place in your community. Determine, as best as you can, whether the services and programs available are appropriate and sufficient for the teens most at risk, whether they are located in or near where most at-risk teens live, and, in

particular, whether they seem to get at the underlying causes.

You may find many health, school, and community programs in your community that focus on teen pregnancy. These may be excellent, effective programs. On the other hand, you may also find ineffective, underfunded, poorly targeted, or poorly organized services. Rather than adding a new program, youth may be better served by coordinating existing programs, or improving the ways in which existing services are provided.

What are the values, beliefs, and attitudes of the community (adult and youth) about teen pregnancy?

The design of your prevention program should reflect suggestions from community residents and potential program participants. Determine what community residents believe contributes to teen pregnancy, and identify the strategies they are willing to support. Sexuality and pregnancy are personal issues that are influenced by deeply rooted beliefs and values. Understanding community norms, values, and attitudes will help you determine potential barriers and areas of consensus.

Conducting a needs assessment

The following pages outline each step of the needs assessment process. Before you begin, it is critical to get the right members of the community involved in planning your assessment. Simply put, in order to formulate the right questions to ask, you need to include the people who will help provide the answers—from teens and parents to educators, health care providers, the business sector, and the faith community. This chapter assumes you have already secured participation from key segments of your target community.

Step 1: Determine the size and scope of your needs assessment

A successful needs assessment requires careful planning and preparation. Think about what you *want* to accomplish, but be honest about what you can accomplish realistically, given available money, manpower, and expertise. You will want to consider how big a geographic area you want to target (size), as well as how much detailed information you will collect about the youth and/or adults you target (scope).

Table 1 at the end of this chapter lists considerations that affect the size and scope of a

needs assessment. Review the table to help you determine the appropriate level of effort for your needs assessment.

The three most important things to consider are:

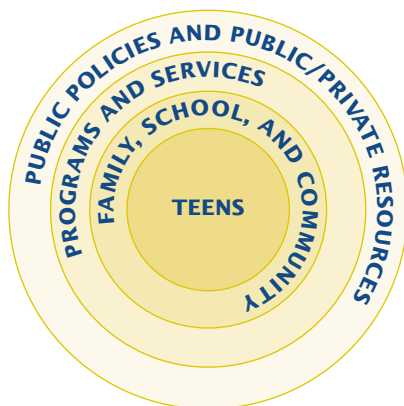
- the purpose of your planning effort—an ambitious goal will require a more intensive planning process;
- the size of your organization—a small needs assessment is appropriate for a small planning group; and
- the amount of financial and human resources available—a large needs assessment requires substantial funding and effort.

If you are collaborating with another organization, or if you belong to a state coalition or state agency, you may be considering a moderate or large planning effort. This guide will help you get started, but undoubtedly you will want assistance from an

FOR MORE INFORMATION ON INVOLVING THE KEY PLAYERS...

See all the chapters in Volume 2 (Chapters 6-10) and Chapter 11 (Volume 3), “Getting Your Community Involved.”

Teen pregnancy risk factors/ needs assessment topics



outside organization or consultant with expertise in conducting state- or community-wide assessments. Depending upon the goals of your needs assessment, you may also need a more substantial budget and more time (at least a year). However, as the “Case in Point” on the next page shows, a needs assessment does not have to be big or lengthy. An effective small-scale project can be carried out for as little as \$5,000.

Step 2: Identify key topics to study

The resources available for the needs assessment will shape how much information you can collect. However, there are several topics that any community trying to reduce teen pregnancy rates will want to investigate, given their widely recognized influence on teen pregnancy (Moore et al., 1995). As shown in the chart above, these factors include:

The steps of the needs assessment process

- 1. Determine the size and scope of your needs assessment.** Decide how broad an area you will cover and how extensive your research will be.
- 2. Identify key topics to study.** Determine how much attention you will pay to the various areas that a needs assessment can focus on.
- 3. Identify questions you want to answer.** Develop specific questions for the areas you will study.
- 4. Gather the information.** Collect data and conduct research.
- 5. Review the data and draw conclusions.** See what the data tell you about the key questions.
- 6. Report findings to the community.** Share your key findings with key constituents and community residents.
- 7. Use findings to develop an action plan.** Decide what your findings tell you about the best way to proceed.

- characteristics of teens;
- family, school, and community context;
- local norms and values related to teen pregnancy and sexual behavior;
- existing prevention programs and family planning services; and
- public policies and public/private resources.

Studies show that the first two topics—teens' individual

characteristics and attitudes, and the family, school, and community context—are most central in teens' decision-making about sex and pregnancy prevention. In particular, firm connections between teenagers and their parents and their schools have been linked to a reduced risk of teen pregnancy (Moore et al., 1995; Resnick et al., 1997). Health and social service programs, public policy, and public resources also influence the risk of teen pregnancy, but to a smaller degree than most individual or family/community factors.

CASE IN POINT

Ohio's Family and Children First Initiative

In 1995, Ohio redirected money from existing teen pregnancy efforts within the Department of Education to form a Wellness Block Grant. The Governor's office made this \$12 million block grant available to local communities to plan and implement teen pregnancy prevention programs at the local level.

The state conducted basic analyses of the problem and provided county-level data to interested communities and coalitions. It also made available \$5,000 to each selected community for needs assessment. The total amount of money for program implementation was based on an allocation formula. The assessment process took six months on average.

Several communities received technical assistance from local university faculty and students or the United Way to do the assessment. Many used county-level data to do geo-mapping to determine specific areas of need at the local level.

Data collection strategies included:

- focus groups with teens and parents;
- surveys of school youth, teachers, and principals; and
- community or town forums.

Most of the communities that participated in the assessment process are currently implementing their programs.

Linda McCart, Ohio Family and Children First Initiative, 1998.

SHOULD YOU GET HELP?

- **If you are a small-scale planning effort, you *should* get help from an outside expert, particularly if you have never conducted a needs assessment or have limited expertise in data collection and analysis.**
- **Check the local university or community college; a competent graduate student may be looking for credits or experience and may be able to help.**
- **If you use an outside consultant, try to get some of the service donated or raise the money for it.**

Thus, even a small needs assessment should include data on pregnancy and birth rates, as well as information on the characteristics of teens at risk—those teens who are getting pregnant and becoming parents. If money, time, and staff permit, a small-scale planning effort could benefit from information about parental involvement, family values, and community norms and characteristics. Some basic information about existing programs and services is also important.

Moderate-sized assessments should extend their data gathering activities to include richer data on community and family values, health, family planning,

STD/HIV services, and other community-based pregnancy prevention efforts. Large-scale assessments should gather in-depth information across all of these topic areas.

If the goal of your needs assessment is to increase public awareness or to determine the appropriateness of existing policies and programs, you may want to begin with a review of public policies, resources, and health and prevention programs. Be forewarned, though, that government and nonprofits typically don't categorize their spending or number of clients served as "teen pregnancy prevention," but rather under other categories. Such a review, therefore, can be difficult, time consuming, and hard to do for those unfamiliar with such data. However, you can get at such policy questions indirectly, through the data you collect on teen pregnancy and teens who are most affected by it. The teen pregnancy data will help you identify whether existing policies, public resources, and prevention efforts are sufficient, given the nature of the problem in your target community.

FOR MORE DETAIL ON INDIVIDUAL CHARACTERISTICS ASSOCIATED WITH TEEN PREGNANCY...

See Chapter 1 (Volume 1), "Promising Approaches to Preventing Teen Pregnancy."

Characteristics of teens

Begin by finding out who the teens are in your community who get pregnant and give birth. How old are they? Where do they live? What is known about

DATA ON FAMILY AND COMMUNITY VALUES AND PARENT-CHILD INVOLVEMENT ARE OFTEN UNAVAILABLE AT A LOCAL OR STATE LEVEL...

Investigate whether independent research studies have been fielded, or whether you will have to gather new data about community beliefs and values.

their families and partners? What schools do they go to? With such basic information in mind, go on to learn more about the general factors that place teens at risk of pregnancy. For example, studies show adolescents at risk of pregnancy and early parenting are more likely to be doing poorly in school, have lower aspirations for the future, and are more likely to be involved in other problem behaviors. They are also less likely to have positive relationships with their parents or caring adults (Blum & Rinehart, 1997; Miller, 1998; Resnick et al., 1997).

To determine which adolescents are at risk, you can begin by documenting:

- the proportion of teens in your community with various risk factors for early pregnancy and parenting; and
- areas in your community where the proportion of teens at risk is greatest, such as schools or neighborhoods with high drop-out rates, or areas with high rates of pregnancy or high proportion of teen births.

Family, school, and community context—social norms

Teens' attitudes and risk-taking behavior are closely linked to

their family and community life. Teens who grow up in families and communities that have difficulty meeting their financial and emotional needs are more likely to become sexually involved and to become young parents (Miller, 1998). Parental values about sex and childbearing and about education and aspirations for their children affect teens' sexual behavior as well.

Whether you collect new data or use existing data, information on the social and demographic characteristics of your community can be used to shed some light on the quality of life for teens in your area. Useful issues to examine include:

- percent of children in poverty;
- percent of families in poverty;
- percent of single-parent families;
- rates of unemployment among males, females, and youth; and
- educational attainment of adults over 25 years old.

Prevention programs and services

Documenting the range of existing services and prevention programs is important in many needs assessments. If you are planning a moderate or large-scale program, you do not want your program to duplicate the services and efforts of others. If you are interested in assessing the adequacy of programs and services, it will be critical to document the range of services and programs that exist and the nature of services and activities actually provided.

A small-scale needs assessment may count the exact number of existing teen pregnancy prevention programs or services. Knowing about key provider agencies or organizations that have teen pregnancy as a primary goal could prove fruitful for your program down the road. For example, you may be able to refer youth to existing services or collaborate with existing programs. Linking your program with other services can broaden the scope of your prevention effort and increase the chances for success.

When collecting information on prevention and health services, you will want to find out about:

- school-based health centers and school-linked facilities;
- youth development, mentoring, school-to-work, and tutoring programs;
- faith-based programs for young people and their families;
- programs for parents of adolescents; and
- current teen pregnancy prevention initiatives (local, county, or state).

Public policies and public/private resources

Recent changes in public policy and public funding for teen pregnancy prevention reflect certain assumptions about what will solve this problem. For example, the 1996 welfare reform legislation created a new federal block grant, Temporary Assistance for Needy Families (TANF) to replace Aid to Families with Dependent Children (AFDC). States can use TANF monies as a source of funding for their teen pregnancy prevention programs. This legislation also provided new federal monies for programs stressing abstinence through the federal Maternal and Child Health Block Grant.

- community-based family planning, STD/HIV, and primary health care provider agencies;

Knowing about such public policies, as well as public and private resources, provides an important context for your prevention program. This is especially true if you are planning a community or statewide initiative. If your state or local area has restrictive public policies or limited public funding, such factors could significantly limit the type of prevention program you can develop, and influence the level of support you will need to carry out your intervention. Knowing about these policies ahead of time will help you determine the appropriate strategy for securing community support and leadership for your effort. Learning about local policies and resources may also open up other sources of public or private funding that may be appropriate given the nature of your program activities.

When collecting data on public policy and resources, you will want to find out about:

- explicit policies on teen pregnancy, family planning service delivery, health service delivery, funding, or access to services;
- policies that support youth development, achievement, and employment; and
- the level of public and private expenditures on teen pregnancy

prevention, youth programs, and services.

Step 3: Identify questions you want to answer

The next step is to develop specific questions that you want the assessment process to answer. Each of the four key areas outlined above has its own set of relevant questions. You should focus on the topics that fit the size and scope of your planning effort.

Table 2 at the end of the chapter lists examples of the most relevant questions for each key area. Use these sample questions as a guide. Additional questions can be added to cover concerns specific to your community. If you are conducting a small needs assessment, be very selective in the number and scope of questions you identify. Larger needs assessments can choose a broader range of questions to provide a comprehensive profile of a community's needs.

Step 4: Gather the information

After identifying the goals of your needs assessment and your specific questions, you should begin to plan for the data collection. Data collection can be the most time-consuming and costly part of the assessment process. Before you start, revisit the scope of the needs assessment and the resources you have available. Be willing to

reduce the information you collect. Also review whether you should collect data on your own. Finally, make sure that the people who will use the information have been deeply involved in designing the assessment process and questions.

Gather and review existing data

The first stage involves gathering and reviewing existing information from a number of sources:

- public documents;
- other needs assessments;
- reports of community survey data; and
- health and community statistics.

Look first for information that will help you answer the questions identified in Step 3. Table 3 at the end of the chapter lists selected sources of existing data, organized by the four main topic areas.

The following tips will help you to make the most use of existing data.

Know the limitations of existing data. Keep in mind that the data you come across may not have been collected with the intent of understanding the issue of teen pregnancy. Do not expect to find one or two reports that summarize all of the relevant information about teen pregnancy. Be prepared to gather several, very different reports and documents and piece together the information to answer your questions.

You will also encounter other limitations. For example, data may not be available just for your geographic area. Also, existing information may not be completely up to date. For example, there is often a lag of two to three years between the time data are collected and the time they are made available to the general public. Thus, in 1999 you may only be able to get birth statistics as current as 1997. The lag may be even greater in some communities.

Second, you may not be able to get information for the precise categories or groups that interest you the most. For instance, birth rates may be broken down for females under 15, 15 to 17, and 18 to 19 years of age. You may not be able to examine birth rates for 16-year-olds

KEYS TO SUCCESS WHEN COLLECTING DATA

- **Be sure to involve the important community leaders and organizations you identified earlier.**
- **Collect and review data in two stages:**
1st—existing data
2nd—new data (only if necessary)

or for 15- to 16-year-olds, for example, unless birth rates can be provided to you for individual ages.

There is also tremendous variation across agencies in how information is tabulated and reported. Thus, all of your data points may be in different formats (e.g., numbers, percentages, age groups), and may be for different groups of years or points in time.

Gathering and tabulating data that have incompatible information can be frustrating.

Pay close attention to the format of the data you gather, their time frame, and the individual subgroups they represent. Ask whether more current data are available or if data can be broken into different categories to suit your needs. The more you find consistency across data points, the easier it will be for you to interpret the information. You may want to involve an outside consultant to deal with the logistics of data collection and tabulation.

Two final points about existing demographic and fertility data are worth noting:

First, demographic and fertility estimates are not very stable when calculated for a very small group of individuals or across a small geographic area. Such information may not even be

NOTE THE LIMITATIONS OF EXISTING DATA—THEY ARE NOT NECESSARILY...

- **focused specifically on teen pregnancy**
- **current**
- **focused on precise categories or group of interest**
- **consistent in the way they are tabulated and reported**

The more consistency you find across data points, the easier it will be to interpret the information.

available for small areas. Thus, if you are conducting a small-scale needs assessment, or focusing on a small geographic area, you will have to rely on birth estimates for the larger surrounding area.

Second, data on attitudes, values, social norms, and preferences will be very limited, particularly for a small community or neighborhood. Information on attitudes is not gathered on a regular basis. In this instance, you should be prepared to gather additional information on community perspectives and preferences.

Decide in advance how you will use data you gather. It is important to think through what you will do with the data before you spend time and money collecting it. Your advisory or planning committee should decide ahead of time on the goals of data collection. You may determine there are several reasons for

KEYS TO SUCCESS WHEN USING EXISTING DATA

- **know their limitations**
- **decide early on how you will use them**
- **create a tracking system for collection activities**

gathering the information. For example, the data you gather could be used to inform residents of the current state of teen pregnancy in your area. It also could be used to develop a set of action steps and a program plan, and it could serve to stimulate interest from funding agencies for future program efforts. Determine your priorities.

Create a tracking system for data collection. Before contacting various agencies to gather existing information, it is helpful to outline a process for coordinating the data collection and review activities. This process does not have to be detailed or cumbersome, particularly for a

small-scale planning effort. Rather, it may simply be a checklist of assignments and responsibilities to help keep track of who gathered the information, whether the information was identified, and a brief summary of the information or measures identified. You can also keep track of how long it takes to find a particular piece of data, and make decisions about whether it is worth the time and effort to continue searching for the information.

Gather new data

Compare the existing data you uncovered against your priority questions. You may find that needed information is missing and, if so, you must decide whether to collect that informa-

FIELD NOTES

Conducting a needs assessment with the community in mind

- **Tailor your methods** to the community's style of communication. For example, the people you want to interview may not have phones, or may not be familiar with polls.
- **Find out what the community thinks is a problem.** Don't assume they view teen pregnancy as a problem.
- **Be careful with language.** References to a "teen pregnancy problem" can come across as a pejorative judgment about particular people—daughters, sons, and grandchildren. Adults in the community may also have had children as teenagers.
- **Ask questions rather than make statements.** For example, rather than saying that it is better for teens to stay in school than to start families, you might ask if a child or grandchild is missing some opportunities by being born to a teenager.

tion by conducting new research. You will need to think carefully about how best to do that and what kind of assistance you may need.

New data can be gathered either through quantitative or qualitative methods, and a brief description of these approaches follows. Consult the Resource list for additional information.

Quantitative methods. Telephone, mail, and self-administered surveys require careful question development, interviewer training, and planning. Such surveys are typically anonymous.

- *Telephone interviews* gather information over the phone through a question-and-answer format with an interviewer. Interview questions may focus on opinions or attitudes about teen pregnancy, the adequacy of services provided, and suggestions about what to do to reduce teen pregnancy or how to improve existing services. Questions about self-reported behaviors may also be included.

This is the most appropriate approach for gathering information from a large, randomly selected sample of individuals (e.g., community residents). Telephone surveys require assistance from an outside consulting agency to identify

and select the sample of households to be contacted and to conduct the interviews. Considerable attention must be given to training the interviewers who will gather the information. Interviewers must understand the purpose of the interview and the intent of the specific questions on the survey.

- *Self-administered questionnaires (SAQs)* focus on opinions and self-reported behaviors and attitudes. SAQs may be necessary if information about the sexual and risk behavior of youth in the target area is not available, and you are interested in tabulating estimates of individual risk-taking. However, when involving youth, particularly on sensitive topics, such as sexuality and sexual behavior, confidentiality and informed consent are critical. Parental consent is necessary for minors. It is very important to inform community members about the kinds of questions you want to ask youth and to help them understand the purpose for asking the questions. Active participation from residents in the planning process can help minimize concerns about surveys on sexual issues.

For both methods, you should give careful thought to the questions you would like to ask.

Develop and test a draft survey on a small group of individuals similar to the population you are going to interview (e.g., health care workers or youth). You may benefit from involving parents, health professionals, and youth in developing the surveys.

Generally, when conducting a survey, you identify and select a sample of respondents and give all participants the same survey. Take care to select a representative sample of the population so that you will be comfortable that the results generally reflect

the opinions and behavior of the larger community.

Qualitative methods. Qualitative data can provide important information about the community perspectives that you would miss if you only relied on surveys or demographic information.

- *In-depth interviews* gather information through a question-and-answer format with an interviewer. Interview questions tend to focus on insights about an issue and the respondent's thoughts about the adequacy of services or challenges in providing youth-based services. This is the most appropriate approach for gathering information from community leaders and health or social service providers, as they may have important insights about the issue that would be difficult to gather in a self-administered survey. In addition, these individuals tend to be extremely busy, which may lead to lower response rates on a self-administered survey.

In this method, interviewers must be able to conduct the interview and take accurate notes of the person's comments. Often a two-person interview team is used, in which one person focuses on

QUANTITATIVE METHODS

- **results are expressed in numbers or percentages**
- **representative samples are used so results can be generalized**

Examples:

- **telephone or mail surveys**
- **self-administered surveys or questionnaires**

QUALITATIVE METHODS

- **results describe beliefs and attitudes in their social context**
- **results do not involve representative samples**
- **results cannot be generalized to entire group or population**

Examples:

- **in-depth interviews**
- **focus groups**
- **community forums**

asking the questions and the other transcribes the respondent's comments.

- *Focus groups* are small group discussions led by a moderator. They are designed to gather insights into the group's perceptions and beliefs about a particular topic. A focus group is usually conducted with 8 to 10 individuals. Groups can be held separately for youth, parents, health providers, or community leaders. They may also be held separately for males or females, or for individuals of different racial/ethnic or income groups. Separate group discussions may be advisable when sensitive topics, such as sexuality and teen pregnancy, are involved.

Focus group members are actively recruited. A monetary or other incentive is often provided as an appreciation for the time and opinions offered in the group discussion. The moderator follows a discussion outline prepared in advance. Group members are allowed to talk freely and openly about the topics relevant to the outline. For instance, in a discussion about teen pregnancy, it would be appropriate and reasonable to discuss issues about teen sexuality, contraceptive

FOR A SAMPLE DISCUSSION GUIDE THAT CAN BE USED IN FOCUS GROUPS...

See Chapter 15 (Volume 3), "Working With the Media to Promote Teen Pregnancy Prevention."

use, male/female relationships, parental values and supervision, and school norms.

Conducting focus groups generally requires two individuals—the moderator and a person taking notes. Tape recording the discussion is also helpful, as it provides a record of the discussion and ensures that all information can be documented.

- *Community forums* are town meetings or hearings typically sponsored by a public agency or a community group concerned about a particular issue. Public and written testimony constitute a large part of the discussion, although some forums use a panel of individuals to present information, after which those attending respond and discuss the issues presented.

Setting up focus groups and community forums can require a fair amount of time and money. Preparing a summary of the group discussion is also costly; it takes time and care to review the important themes in the groups' conversations.

KEYS TO SUCCESS WHEN REVIEWING DATA

- **organize data by main topics and questions**
- **review data in light of planning needs**
- **determine trends over time, trends in groups of particular interest, and trends in gaps**
- **identify themes and patterns**

Step 5: Review the data and draw conclusions

After collecting the information for your needs assessment, analyze the information to determine answers to your key questions. This is the point at which outside consulting or technical assistance is often essential. Even if you are not actively involved in the data analysis, work with the consultant to develop an analysis plan and determine what information is most important to you. To assist you in that process, this section briefly highlights a few points regarding what to look for in your data analysis.

Analyze your quantitative data

Existing information. The best way to begin your assessment is to organize existing information according to the key areas and questions you identified. Review each area and each key question with your consultant and make note of the information most important for your planning needs. In general, you should expect information to be provided to you in the following ways:

- **Numbers, percentages, proportions**—The number or count of individuals in a particular category (e.g., number of births to teens) is the most fundamental piece of information available. However, it is often inappropriate and misleading to use absolute numbers to determine patterns of need. Thus, percentages or proportions (number per 1,000 persons) are used to provide a standard base of comparison.
- **Measures of change over time**—Changes in the numbers or percentage over time provide trend information and an indication of whether there is improvement or decline in a particular measure.
- **Measures of relative comparison**—The percentage, rate, or ratios for one group can be compared with that of another group (e.g., males vs. females, your community vs. the city as a whole). This will help identify sub-groups or areas that may be most at risk or have a greater need for program activities.

Your consultant will take existing information across your key areas and questions and present it to you primarily in the formats outlined above. Graphs and charts can also be used to help

illustrate patterns and facilitate your planning discussions.

New data. Quantitative analysis of new data is similar to that for existing data. However, you will have greater flexibility in how you can organize, assess, and report the information than with existing data. For instance, analysis of new quantitative data will most likely focus on numbers (frequencies), percentages, and proportions and measures of relative comparison (known as cross-tabulations). You should be able to explore differences in various measures across sub-groups (e.g., age, gender, race, geographic location), so long as the appropriate questions have been included in your survey and your sample size is large enough for statistical comparisons.

Analyze your qualitative data

An analysis of qualitative data focuses on describing common themes or ideas, identifying patterns in the way particular ideas are presented, and specifying for whom those patterns emerge. Qualitative data analysis can also reveal the underlying reasons for the themes observed.

You can analyze qualitative data manually, by taping group discussions and noting key points and issues that arise. Your consultant and community residents

can then review notes from each group and summarize the key points, common themes, or key differences. There are also computer software packages, such as Ethnograph (see Resource list), that can organize qualitative transcripts and pull out the major themes that emerge.

There are two important things to remember when analyzing qualitative data:

First, the process of identifying common themes can be subjective unless a software package is used. Thus, it is important for several people to review and contribute to the analysis to make sure that the interpretation of group discussions remains unbiased.

Second, the content and tone of group discussions can be influenced significantly by the composition of the group, or by one or two vocal group members. It is important to note during the data collection and analysis whether the content or nature of the group discussion was influenced by a few strong opinions in the group, or whether the topics reflect the views generally held by the group as a whole.

Step 6: Report findings to the community

Community residents and community leaders may be anxiously awaiting the results of the

planning process and eager to move ahead to action steps. It is critical that you organize your information around a few key points, presenting the information in a simple format. Graphs, charts, or other visual presentations often make the information more appealing and understandable to the audience. If you have the resources, or have a high-profile planning process, be sure to seek advice from a public relations or policy expert who can provide suggestions about presenting the information clearly.

It is also important to have the right people from your group share the information with outside audiences, particularly if you use several channels to communicate your findings. For example, you may ask community residents involved in the process to take a lead role in a community forum where findings are presented. Your evaluation consultant may be responsible

for presenting the information to members of the city health department or government officials. The head of the organization leading the planning process may be responsible for holding a press conference or providing feedback to the media.

You may well need different types of materials for your different audiences. Before preparing presentation materials, determine the number and type of audiences to whom findings will be presented. Some possible groups include:

- advisory committee;
- community residents;
- potential funders;
- collaborating agencies;
- local media; and
- state/local policymakers.

Determine which audience is most important for the next stage of your work. For example, if the overall goal of your needs assessment is to develop actions for preventing teen pregnancy, then perhaps information should be shared with community residents, collaborating agencies, and your advisory committee. From there, a smaller working group could be established to develop a preliminary set of action steps for discussion by the larger group.

KEYS TO SUCCESS WHEN REPORTING FINDINGS

- **organize information around a few main points**
- **present information simply**
- **choose the right people to present the information, especially if you are using several channels**
- **prepare information and materials to suit the needs and characteristics of audiences**

If the goal of the planning process is to learn more about the issue and to inform community residents, then perhaps a community forum or series of group meetings is all that is required. Recognize that most communities, particularly those where teen pregnancy is considered an important concern, have grown weary, even cynical, of planning processes. The community may be eager for real change. While it is important to consider such views, it is also important not to move forward too quickly. Be honest with yourself and community residents if, for example, relevant data for your community are seriously limited, flawed, or completely missing. You should not develop a program based on insufficient or flawed information. In this case, your action steps may focus on new data collection on teen sexuality and teen pregnancy and on seeking funding to gather such information.

Step 7: Use findings to develop an action plan

Refer back to your overall goals for the planning effort. Participants and community residents may be anxious about the time invested and worried that nothing tangible will result. It is important not to lose the momentum of the planning effort or lose support and credibility by not following through in a tangible way.

REMEMBER

Presenting information to outside groups and leaders—or even to your own planning group—always goes better if such groups are involved in an appropriate way from the outset. People listen more actively to answers if they have a hand in shaping the questions.

In order to move forward with your action steps, organize your data according to the information categories outlined in Step 2 of the planning process:

- characteristics of teens;
- family, school, and community context—social norms;
- prevention programs and services; and
- public policy and public/private resources.

The chart on the next page provides examples of how you can use findings from your needs assessment to determine possible action steps. Use a similar worksheet to organize your key

DOCUMENTING YOUR PLANNING PROCESS, FINDINGS, AND ACTION STEPS IS IMPORTANT BECAUSE IT...

- **allows those who come behind you to build on your work**
- **is essential in justifying the need for a program and leveraging support**
- **is essential in justifying funding requests**
- **helps to keep all players true to agreed-upon plan, especially if players change**

Sample key findings and action steps

Key Findings	Possible Action Steps
<p>Rates of teen childbearing and sexually transmitted diseases have declined slightly, but are still higher than rates in surrounding areas where there are teens of similar background and risk status.</p> <p>Pregnancy prevention programs and STD services are centralized in one or two key areas of the community.</p> <p>Transportation to these areas is limited, making it difficult for teens to consistently access prevention programs.</p>	<p>Expand access to prevention programs and STD services by:</p> <ul style="list-style-type: none">• establishing satellite clinics for STD screening and prevention services• establishing satellite or additional program sites for prevention efforts
<p>Rates of teen childbearing are greatest among adolescents at Target School A.</p> <p>Levels of academic achievement and school completion are the lowest at Target School A compared with other schools in the community. Youth have few adult role models and little positive interaction with key adults.</p> <p>The school health center is understaffed and unable to provide contraceptive services or supplies.</p>	<p>Establish an afterschool tutoring and career development program for students, with a strong mentoring component.</p> <p>Coordinate with local health and medical facilities to increase staffing and manpower at the school health center.</p> <p>Work to establish formal ties with a local health agency to provide contraceptive information and supplies for sexually active youth (where appropriate).</p>

findings. Identify the actions steps implied by the data you have gathered. Be sure to focus on the primary goals and objectives of your program and planning effort. You should, by now, have a good sense of the

teens identified as most at risk, the reasons or factors that may be contributing to the levels of pregnancy and birth, and the kind of activities and services most appropriate for the needs identified.

Conclusion

Conducting a needs assessment can be complex, challenging, and expensive. However, a small-scale assessment can be conducted in a relatively short period of time and at a modest cost. Regardless of size, completing the assessment process

successfully requires clear goals, a sound and organized plan, a clear and honest sense of the amount of skill, money, and manpower available, and a willingness to stick with it and be flexible along the way.

Involving community residents, key organizations, and an outside consultant early in the process is critical not only for the success of the planning effort, but for gathering relevant and valid information about the community, its needs, and its points of view.

While there are several steps and many activities, you do not have to conduct all of the tasks described here. It is better to

work within the scope of your resources and goals, even if it means a smaller, less elaborate process. Be sure to get outside help early on if you need it and be willing to document the process and outline a concrete plan of action when you are done. The strength and success of your teen pregnancy prevention effort will only be as strong as the planning process that guided its development.

References

- Academy for Educational Development. (1994). Assessing and setting priorities for community needs. In *Handbook for HIV prevention community planning* (Chapter 5). Washington, DC: Author.
- Blum, R.W., & Rinehart, P.M. (1997). *Reducing the risk: Connections that make a difference in the lives of youth*. Minneapolis, MN: Division of General Pediatrics and Adolescent Health, University of Minnesota.
- Brindis, C., Card, J.J., Niego, S., & Peterson, J.L. (1996). *Assessing your community's needs and assets: A collaborative approach to adolescent pregnancy prevention*. Los Altos, CA: Sociometrics, Corp.
- Kretzmann, J., & McKnight, J. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Krueger, R.A. (1988). *Focus groups: A practical guide for applied research*. Beverly Hills: Sage Publications.
- McCart, L. (1998). Personal Communication—Ohio Family and Children First Initiative.
- Miller, B. (1998). *Families matter: A research synthesis of family influences on adolescent pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Moore, K.A., Miller, B.C., Gleib, D., & Morrison, D.R. (1995). *Adolescent sex, contraception and childbearing: A review of recent research*. Final report prepared for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Washington, DC: Child Trends, Inc.

Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J. Tabor, J., Beuhring, R., Steving, R.E., Shew, M., Ireland, M., Bearinger, L.H., & Udry, J.R. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA* 278(10), 823-832.

Samuels, B., Ahsan, N., & Garcia, J. (1995). *Know your community: A*

step-by-step guide to community needs and resources assessment. Chicago, IL: Family Resource Coalition.

Witkin, B.R., & Altschuld, J.W. (1995). *Planning and conducting needs assessments: A practical guide*. Beverly Hills: Sage Publications.

Useful resources for conducting needs assessments

State or local coalition building

Adolescent Pregnancy Prevention Coalition of North Carolina

10001 Main St., Suite D
Southern Village
Chapel Hill, NC 27516
(919) 932-9885

Health Promotion/Disease Prevention Center for Pediatric Research

Frances D. Butterfoss, Ph.D.
Assistant Professor
855 W. Brambleton Ave.
Norfolk, VA 23510-1001
(757) 668-6249
fbutterf@chkd.com

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting (MOAPPP)

Donna Fishman
P.O. Box 40392
St. Paul, MN 55104
(651) 644-1447
Toll Free in MN (800) 657-3697
Fax: (651) 644-1417
www.cyfc.umn.edu/moappp/

National and state data on teen pregnancy

Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Rd.
Hyattsville, MD 20782-2003
(301) 436-8500
nchsquery@cdc.gov
www.cdc.gov/nchswww

The Alan Guttmacher Institute

120 Wall St.
New York, NY 10005
(212) 248-1111
Fax: (212) 248-1951
www.agi-usa.org

Child Trends, Inc.

4301 Connecticut Ave., NW
Suite 100
Washington, DC 20008
(202) 362-5580
Fax: (202) 362-5533
www.childtrends.org

Qualitative data analysis

Ethnograph v5.0™

Scolari-Sage Publications Software
2455 Teller Rd.
Thousand Oaks, CA 91320
(805) 499-1325
www.scolari.com/ethnograph

Needs assessment— size and scope planning grid

Considerations	Small	Moderate	Large
Likely scope of intervention	A single-site teen pregnancy prevention program; 1 or 2 key program components; small number of youth served (<50 teens).	A multisite (2-3 sites) prevention program; 1+ program components. Assess adequacy of existing policies and service capacity. Work to build service capacity.	A multisite (4+) prevention program; multiple service components; large number of youth served (1,000+). Assess adequacy of policies and service capacity. Work to build service capacity.
Geographic target area	Local neighborhood.	2 or 3 neighborhoods or areas within a city/town or county.	1+ cities, counties, or entire state.
Size of planning group	Small community organization or agency (e.g., church or community clinic).	2+ small to medium-sized collaborating agencies; local or state coalition.	City or state health or planning agency; state coalition.
Available staff and expertise	No paid staff; limited expertise in research or data collection.	Modest expertise or contacts in the field.	Professional expertise or paid staff.
Available funding and in-kind support	Available funding for planning; \$0-10,000; some in-kind support.	Some outside funding; \$10,000-50,000; some in-kind support.	Extensive private or state funding; \$50,000-100,000+.
Scope of data collection	Minimum data collection effort (e.g., identify extent of teen pregnancy/parenting, determine teens most at risk); modest community input.	Moderate data collection effort (e.g., determine level of teen pregnancy/parenting; define community values; conduct modest assessment of available services or existing policies); modest to extensive community input.	Extensive data collection effort (e.g., determine youth characteristics, community norms, and values; review available services; review adequacy of services, policy, and funding resources); extensive and visible community input.
Anticipated visibility or potential impact	No media attention; only important to organization members and a few community members.	Modest visibility, local area coverage; modest visibility in community.	High visibility; entire state or community.

Sample questions to guide your needs assessment

Topic: Characteristics of Teens

- ☐ What is the number and proportion of all births to adolescents? (e.g., females < 20)
- ☐ What is the number and proportion of births to adolescents, by age? That is, what is the number and proportion of births to females < 15, to females 15-17, and to females 18-19?
- ☐ What is the number and proportion of births to adolescents, by race?
- ☐ What is the number and proportion of first births and subsequent births to adolescents, by age and by race?
- ☐ What is the proportion of all abortions to adolescents, by age and by race (Note: Not all communities report abortion information. You may have to rely on state estimates prepared by the Centers for Disease Control and Prevention or the Alan Guttmacher Institute – see Resource list)
- ☐ What is the incidence of sexually transmitted diseases (STDs), such as chlamydia, gonorrhea, and HIV, among adolescents, by age, by race, and by gender?
- ☐ What is the total number of adolescents in the community? Is the number of youth expected to grow in the next few years (by the year 2005 or the year 2010)? Is expected growth substantially higher among youth in certain racial/ethnic groups than among other groups?
- ☐ What proportion of youth drop out of school, by gender, race/ethnicity, and age?
- ☐ What are the primary reasons given for dropping out of school?
- ☐ On average, what proportion of youth repeats a grade each year?
- ☐ What schools have a high dropout rate or a high school failure rate?
- ☐ What proportion of youth are considered idle (e.g., not in school, not employed, and not in the armed forces)?
- ☐ What is the prevalence of adolescent alcohol use, drug use, and tobacco use?

Topic: Family, School, and Community Context—Social Norms

- ☐ What proportion of adolescents live in single-parent households?
- ☐ What proportion of families are in poverty? What proportion of adolescents and preadolescents live in poverty?
- ☐ What proportion of births to adult women are nonmarital?
- ☐ What attitudes do adults and adolescents hold about teen pregnancy and parenting?
- ☐ What attitudes exist among adults and adolescents regarding the best age for marriage, childbearing, and childbearing outside of marriage?
- ☐ What attitudes exist among adults and adolescents regarding the importance of education and getting a job or securing a career?
- ☐ To what extent are parents involved in the lives of their adolescent children, and in what way does this involvement manifest itself in the community?
- ☐ What attitudes do adults and youth hold about various pregnancy prevention strategies (e.g., abstinence, contraceptive use, and youth development)?
- ☐ How comfortable are adults in talking with youth about sex, relationships, and pregnancy prevention?

Topic: Prevention Programs and Services

- ☐ What type of and how many health and social services or prevention programs exist in the community? How many have an explicit focus on preventing teen pregnancy?
- ☐ What kind of activities or services are provided to teens as a means of preventing pregnancy?
 - family life education
 - communication and negotiation skills development
 - information on how to handle relationships
 - information about contraception, sources for contraceptive care, or provision of contraceptive methods
 - life planning, job training, mentoring, and recreation
 - family planning and contraceptive services
 - school-based or school-linked clinics
- ☐ How many youth are served by each of these types of programs or services? Approximately what proportion of at-risk youth may be left unserved?
- ☐ In what area(s) of your community are these programs and services located? Are they located in or close to areas where the majority of at-risk youth live?
- ☐ Are there any obstacles or barriers to receiving or participating in these services (e.g., eligibility, hours of operation, parental consent, cost)?
- ☐ To what extent do schools and community-based agencies (including health) collaborate with one another or with other partners on pregnancy prevention activities or programs?
- ☐ What current initiatives, if any, focus on adolescent risk behavior or teen pregnancy prevention?
- ☐ Does the community have a task force or local coalition that was created to study teen pregnancy or to advocate for programs and services?
- ☐ Are there private agencies, community-based organizations, or advocacy groups that are taking an active role in teen pregnancy prevention in the community?

Topic: Public Policies and Public/Private Resources

- ☐ What are the attitudes of community leaders, health providers, educators, and policymakers about teen pregnancy and childbearing? About investing in children and youth?
- ☐ Which of these individuals has a significant influence on funding for programs and/or services for youth, or on whether and how services are coordinated across agencies?
- ☐ Are there formal or informal policies regarding education and access to youth development, health, or family planning services that would affect the nature of activities provided or the extent to which youth participate in available programs, such as:
 - school policies about family life education or information?
 - school policies about family planning or contraceptive services?
 - school policies regarding support and services for pregnant or parenting teens?
 - policies regarding the importance of early intervention?
 - other services, including school remediation, mental health, or crisis intervention?
- ☐ What level of resources is currently devoted to teen pregnancy prevention? What proportion of resources is devoted to caring for adolescents once they become pregnant or become teen parents (e.g., social services, health care, job training and placement)?
- ☐ What level of funding goes to developing and carrying out community- or school-based pregnancy prevention programs?
- ☐ What proportion of program funding is from public sources versus private sources (e.g., foundations, United Way, local businesses)? Are there other sources of funding that have not been tapped to help meet current needs?
- ☐ How stable is funding for teen pregnancy prevention activities?
- ☐ Have there been any cost analyses to determine the total dollars spent on teen pregnancy prevention efforts and whether such expenditures have had any positive impact?

Sources of existing data to answer needs assessment questions

Topic: Characteristics of Teens

Sample Questions

- ☐ Total number of youth at present.
- ☐ Number of youth by year 2005 or 2010.
- ☐ Youth population, by race and by ethnicity.
- ☐ Proportion of youth considered idle (e.g., not in school, not employed, not in the armed forces).

Data Sources

Census data: Conducted every 10 years for the entire United States. Information includes (but is not limited to) age, gender, racial/ethnic distribution of the population, level of poverty, unemployment, level of education completed, percent households headed by single parent. Totals are available for the U.S. by state, county, zip code, or census tract.

Can be obtained from:

- the Bureau of the Census (hard copy or downloaded from Census web site at www.census.gov)
- the General Social and Economic Characteristics volume at the library
- state or country health or planning agencies
- Chamber of Commerce (e.g., planning and population statistics)

- ☐ Number and proportion of births to adolescents, by age and by race/ethnicity.

County and City Vital Records or Office of Maternal and Child Health

- ☐ Number and proportion of first births and subsequent births to adolescents, by age and by race.

County and City Vital Records or Office of Maternal and Child Health

- ☐ Proportion of all abortions to adolescents, by age and by race (NOTE: these are difficult statistics to collect).

U.S. Centers for Disease Control and Prevention; The Alan Guttmacher Institute

- ☐ Incidence of sexually transmitted infections, by age, by race, and by gender.

County or City Health Department, Communicable Disease or Surveillance Branch

- ☐ Prevalence of adolescent alcohol use, drug use, and tobacco use.

County or City Health Department, Substance Abuse

- ☐ Proportion of youth who drop out of school by gender, by race/ethnicity, and by age.

School District Office, Department of Education, Board of Education

- ☐ Primary reasons for dropping out of school.

- ☐ Proportion of youth who repeat a grade each year.

- ☐ Schools with a high dropout rate or high school failure rate.

Topic: Family, School, and Community Context—Social Norms

Sample Questions	Data Sources
<input type="checkbox"/> Proportion of adolescents in single-parent households. Households in poverty.	Census data
<input type="checkbox"/> Proportion of nonmarital births to adult women.	County and City Vital Records or Office of Maternal and Child Health
<input type="checkbox"/> Adult and teen attitudes about teen pregnancy and parenting and about various pregnancy prevention strategies.	Local surveys or focus groups with adults and youth <i>[Note: check with the local colleges, universities, coalitions, and health departments for previous surveys, focus groups, or opinion polls done in the community]</i>
<input type="checkbox"/> Social norms regarding best age for marriage, childbearing, and childbearing outside of marriage.	
<input type="checkbox"/> Social norms regarding the importance of education and employment.	
<input type="checkbox"/> Involvement of parents with children and youth.	

Topic: Prevention Programs and Reproductive/Family Planning Services

Sample Questions	Data Sources
<input type="checkbox"/> Type and number of health and social services or prevention programs.	State, County, or City Health Department, United Way, local coalitions or task forces
<input type="checkbox"/> Current initiatives that focus on adolescent risk behavior or teen pregnancy prevention.	
<input type="checkbox"/> Kind of activities or services provided.	Local health programs, service providers
<input type="checkbox"/> Number of youth served.	
<input type="checkbox"/> Location of programs and services relative to need.	
<input type="checkbox"/> Obstacles or barriers to receiving or participating in these services (e.g., eligibility, hours of operation, parental consent, cost).	Local surveys, planning reports

Topic: Public Policy and Public/Private Resources

Sample Questions	Data Sources
<input type="checkbox"/> Attitudes of community leaders and providers about teen pregnancy and childbearing and about investing in children and youth.	In-person interviews, legislative policies and voting records, service delivery strategies and priorities
<input type="checkbox"/> Formal or informal policies regarding education and access to health or family planning.	State and local legislation regarding school and health and public policies relevant to youth; interviews with school principals, teachers, and health providers
<input type="checkbox"/> Level of resources allocated to teen pregnancy and parenting.	State, County, and City Health Departments; Mayor's or Governor's office
<input type="checkbox"/> Proportion of program funding from public sources vs. private sources (e.g., foundations); other sources of funding that have not been tapped to help meet current needs.	State or local coalitions, local task forces, surveys of programs regarding source of program revenues